



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ELITE HEALTHCARE FORT WORTH

Respondent Name

GENERAL MOTORS CO

MFDR Tracking Number

M4-14-2202-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

March 19, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "These denials are incorrect. Our office does not have any information supporting why these claims aren't being paid."

Amount in Dispute: \$2,195.69

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Medical Fee Dispute Resolution received the dispute on 3/19/14, which is more than one year after several of the dates of service in dispute in this matter listed on the DWC-60 Table of Disputed Services. Respondent requests dismissal of the dates of service 2/10/12 through 2/8/13 from this dispute as Medical Fee Dispute Resolution no longer has jurisdiction to review the case. Regarding the dates of service that were timely filed with Medical Fee Dispute Resolution, 3/26/13 through 9/23/13, they were each denied using ANSI code 216. As you are aware, ANSI code 216 (based on the findings of a review organization) replaced the code W9 (unnecessary medical treatment based on peer review.) Thus, in this matter, Respondent has denied the treatment in dispute based on a peer review which states that there is no medical necessity for additional treatment for the work injury."

Response Submitted by: Downs Stanford PC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 10, 2012 through September 23, 2013	99213, 99361 and 99080	\$2,195.69	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.305 sets out the general Medical Dispute Resolution guidelines.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §133.308 sets out the procedure for Medical Dispute Resolution of Medical Necessity Disputes.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
216 – Based on the findings of a review organization

Issues

1. Did the requestor waive the right to medical fee dispute resolution for dates of service February 10, 2012 through February 8, 2013?
2. Does the medical fee dispute referenced above contain information/documentation that indicates that there are **unresolved** issues of medical necessity?
3. What is the dispute process for resolving medical necessity denials?
4. What is the dispute sequence?
5. What are the filing requirements after the resolution of a medical necessity denial?
6. Are the disputed services eligible for review by Medical Fee Dispute Resolution?

Findings

1. 28 Texas Administrative Code §133.307(c) (1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

The dates of the services in dispute are February 10, 2012 through February 8, 2013. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on March 19, 2014. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B).

The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for dates of service February 10, 2012 through February 8, 2013 in dispute. For that reason, the merits of the issues raised by the parties to this dispute have not been addressed for dates of service February 10, 2012 through February 8, 2013.

2. The medical fee dispute for dates of service March 23, 2013 through September 23, 2013 contains information/documentation that indicates that there are **unresolved** issues of medical necessity for the same service(s) for which there is a medical fee dispute. Review of the EOBs presented by the both the requestor and respondent indicate denial reason code "216 – Based on the findings of a review organization."
3. **Resolution of a Medical Necessity Dispute.** The Division hereby notifies the requestor the appropriate process for resolution of an unresolved issue of medical necessity requires filing for an independent review to be conducted by an IRO (independent review organization) appropriately licensed by the Texas Department of Insurance, pursuant to 28 Texas Administrative Code §133.308. Information applicable to HEALTH CARE PROVIDERS on how to file for an IRO may be found at http://www.tdi.texas.gov/hmo/iro_requests.html under **Health Care Providers or their authorized representatives.**
4. **Notice of Dispute Sequence.** 28 Texas Administrative Code §133.305(b) requires that "If a dispute regarding...medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding...medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and 408.021."
5. The medical fee dispute may be submitted for review as a new dispute that is subject to the requirements of 28 Texas Administrative Code §133.307. 28 Texas Administrative Code §133.307 (c)(1)(B) provides that a request for medical fee dispute resolution may be filed not later than 60 days after a requestor has received the final decision, inclusive of all appeals.
6. The division finds that due to the unresolved medical necessity issues, the medical fee dispute request is not eligible for review until a final decision has been issued in accordance with 28 Texas Administrative Code §133.308.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	July 25, 2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.